

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-033376  
8588 STATE FILE NUMBERDO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

FILED AUG 29 1963

1. PLACE OF DEATH  
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN St. Louis,

Length of stay, in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri, b. COUNTY

c. CITY OR TOWN

St. Louis,

Inside Limits

Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION Lutheran Hospital,

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

3423a Wisconsin Ave.,

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)

First

John

Middle

A.

Last

Ahrens

## 4. DATE OF DEATH

Month

Day

Year

August 23, 1963

5. SEX  
Male.6. COLOR OR RACE  
White,7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
6-3-18889. AGE (last birthday)  
75IF UNDER 1 YEAR  
Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Truck Driver

## 10b. KIND OF BUSINESS OR INDUSTRY

Ret 11 Yrs

## 11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Herman Ahrens

## 13b. MOTHER'S MAIDEN NAME

Margaret Mueller

## 14. NAME OF HUSBAND OR WIFE

Nellie A. Ahrens

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
no

## 17. INFORMANT

Address

Mrs. Nellie A. Ahrens 3423a Wisconsin

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

BRONCHOPNEUMONIA

## INTERVAL BETWEEN ONSET AND DEATH

3 DAYS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

CARCINOMA OF LUNGS

## DUE TO (c)

METASTASES

163x

?

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

Death occurred at

8/17/63 to 8/23/63  
11:30 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

and last saw her alive on 8/23/63

## 22. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 23b. DATE

8-26-63

## 23c. NAME OF CEMETERY OR CREMATORY

Sunset Burial Park

## 23d. LOCATION (City, town, or county)

St. Louis, Co., Mo.

## 24. FUNERAL DIRECTOR

Gebken-Benz Mortuary, 2842 Meramec St., St. Louis, 18, Mo.

## ADDRESS

## 25. DATE RECD. BY LOCAL REG.

AUG-24 1963

## 26. REGISTRAR'S SIGNATURE

Karl Smith. M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DATE AMENDED

VS 300  
Rev. 4/59

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65

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Yan M. Simon

Licensed Embalmer No. 4343

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.